

<b>Case Number:</b>	CM14-0023635		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old female injured on 01/31/03 as a result of repetitive actions such as bending, stooping, lifting, pushing, pulling, climbing, and other activities involving comparable physical effort. Current diagnoses included essential hypertension, chronic pain syndrome, right sacroiliac joint sprain/strain, insomnia, lumbar post-laminectomy, and Morton neuroma status post excision. Clinical note dated 06/11/14 indicated the injured worker presented complaining of moderate to severe low back pain with fluctuating pain pending her level of activity. The injured worker remained active performing gardening, scrapbooking, and cleaning house. The injured worker reported with her medication she could function and perform these activities. She also reported without medication she had no quality of life and was unable to perform these activities. Physical examination revealed restricted lumbar range of motion, right Faber test positive, and tenderness over right sacroiliac joint. Physical examination of the right hip revealed tenderness of the buttock and sacroiliac joint, positive right Ely test, muscle imbalance of the right hip abduction muscles and quadratus lumborum/paraspinal muscles. The injured worker had a history of low back pain secondary to failed back syndrome status post three prior fusions in addition to right shoulder arthroplasty, bilateral carpal tunnel release, thumb surgery times two on the right, and once on the right, right knee arthroscopy, and left foot Morton neuroma excision. Documentation indicated prior use of Cymbalta for depression and anxiety with escalating levels of both following a decrease in dosage from 90mg/day to 30mg. Additionally, the injured worker reported stomach pains following current medication regimen requiring omeprazole. The injured worker utilized Neurontin for neuropathic pain associated with radiculopathy. The injured worker also reported Neurontin decreased opioid use. The injured worker utilized Fioricet for severe migraines which occurred several times a month. The injured worker utilized on average 14 pills per month which reported control of headaches with

usage. Flexeril was utilized one to two times per day for muscle spasms to the legs and low back. Norco allowed for function at home and increased quality of life. Trial for tapering was ongoing. Urine tox screens were appropriate and CURES review was appropriate for prescribed medications. The initial request for Cymbalta 30mg #30 with two refills, Fioricet 50/30 325/40mg #50 with one refill, Flexeril 10mg #60 with two refills, and Buspar 50mg #60 with two refills was initially denied on 01/24/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **CYMBALTA 30MG #30 WITH 2 REFILLS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 44.

**Decision rationale:** As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation establishes the presence of depression and anxiety with positive effects associated with the use of Cymbalta. As such, the request for Cymbalta 30mg #30 with 2 refills is recommended as medically necessary.

#### **FIORICET 50/325/40MG #50 WITH 1 REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, use of Fioricet, a barbiturate-containing analgesic, is not recommended for treatment of chronic pain. Research indicates the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. Additionally, there is no indication in the documentation that establishes the benefits associated with the use of the medication. The clinical notes indicate that the injured worker's pain and symptoms continue on a regular basis with ongoing use of Fioricet. As such, the continued use of Fioricet 50/325/40MG #50 with one refill cannot be established as medically necessary at this time.

#### **FLEXERIL 10MG #60 WITH 2 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 10mg #60 with 2 refills cannot be established at this time.

**BUSPAR 15MG #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anxiety medications in chronic pain.

**Decision rationale:** Current guidelines indicate Buspirone (Buspar, generic available) is approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The documentation indicates the injured worker has been prescribed the medication for long-term therapy exceeding the treatment window. As such, the request for Buspar 15mg #60 with two refills is not recommended as medically necessary at this time.